File with: lowa Ethics and Campaign Disclosure Board 510 E. 12<sup>th</sup>, Ste. 1A Des Moines, Iowa 50319 Fax; 515-281-4073 2008 MAY 20 AM 9: 24

## FOR INSTRUCTIONS, SEE BACK OF FORM **DISCLOSURE SUMMARY PAGE**

COMMITTEE NAME (Must be same as on Statement of Organi	ization)	i		
Hawkeye Labor Council	AFI-CIO PAC		FORM DR-2	DISCLOSURE
IMPORTANT: Indicate by # type of committee you are reporting for: [ (1) Statewide Legislative Judge Standing for Retention Candidate (2) (4) County Central Committee (5) County Candidate (6) City Candidate	State PAC ( 3 )State Party	(F	Rev. 07/2007)	REPORT
Subdivision Candidate (8) County PAC (9) City PAC (10) School Bo (11) Local Ballet Issue		1 1-	or Office Use Or omna.#	_ (~());
CANDIDATE COMMITTEES ONLY: Candidate Name	Political Party (if applicable)	Lo Se	nd begge	
Office Sought	District (if Senate or House)	1 1		
Late reports are subject to possible civil and criminal penalties. Purs candidate's committee, and the chairperson, for any other type of co				
X Justin K. Shield	W3191396-8461	•	Y 5/20	100
SIGNATURE OF PERSON FILING REPORT	TELEPHONE	7	DATE S	IGNED
1 AM FILING A May 19, 2008	REPORT FOR (1) ELECTION /		ELECTION YEA	AR.
(rdport date)	Indicate by #	Ш		
CHECK IF AMENDMENT TO REPORT DATED		ocal Com	mittees, enter Da	nte of Election
Check if this is final (termination) report and altach Notice of (You must continue to file reports until a DR-3 is filed.)			ocal Committees tion is held	s, enter County in
STATEMENT OF CASH ON HAND	* * * * * * * * * * * * * * * * * * *			
CASH DN HAND at the beginning of the reporting period. (Total	i of all funds held by the	\$	12,0	21.21
CASH DN HAND at the beginning of the reporting period. (Total	i of all funds held by the	\$		21.21
CASH ON HAND at the beginning of the reporting period. (Total committee. This amount MUST be the same as the call of the last reporting period or must be zero if this is first	i of all funds held by the ash on hand at the end at report filed.)			91.00
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For Instructions, See Back of Form

## CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

COMMITTEE NAMI	E (Must be sar	me as on Statemer	nt of Organization)	
HAW REYE	LABOR	COUNCIL	AFL-CIO	PAC

SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
	CK THIS BOX IF NDING FORM

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

NOTE: ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

CAUTION: Section 68B.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	V IF FOR FUND- RAISER INCOME
3/28/08	ID# CK#	UNITEMIZED CONTRIBUTIONS		\$ 5400	
5/2/08	ID# CK#	UNITEMIZED CONTRIBUTIONS,  " PASS THE HAT CONTRIBUTIONS"		3700	
	ID#				
	CK#		<del></del>		
	ID# CK#				_
	ID# CK#				
	!D# CK#	e suprese du la composito de la proposición de la composition della composition dell			
	ID# CK#				·
	ID#				
	ID# CK#				
	L		SUB-TOTAL	9100	

TOTAL (if last page of this schedule)

Page \_\_\_\_\_of \_\_\_\_

<sup>\*</sup> Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consenguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

FOR INSTRUCTIONS, SEE BACK OF FORM

## EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

COMMITTEE NAME (Must be same as on Statement of Organization)

SCHEDULE B (Rev. 07/03)	MONETARY EXPENDITURES		
CHECK THIS BOX IF AMENDING FORM			

DATE EXPENDED (MM/DO/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursument) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED	
	ID# CK#	FARMERS STATE BANK	CHECK PRINTING	\$ 2185	
	ID# CK#				
	ID# CK#				
	ID#				
	ID# CK#				
3	ID#				
	ID# CK#				
	ID#				

 	45545	 		 
			COMMITT	

Purchases of certain campaign property costing \$500 or more must also be inventorled on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entitles providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and lower Code 68A.402(3)(i).)

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Page		of	

(for Schedule B)